

# EXHIBIT 15

**Massachusetts Registry of Motor Vehicles**  
**RMV-1 Application Form (617) 351-4500**  
<http://www.massrmv.com>

1. Reg Eff Date

2. Reg Exp Date

**Registration/Vehicle Information**

5. Plate Type

3. Number of Documents

RO (Registration Only)

RX (Registration Transfer)

ST (Salvage Title)

RT (Registration & Title)

TAR (Title Add Registration)

TO (Title Only)

SW (Summer/Winter Swap)

4.  Address Change

9. Type of Registration:

Passenger  Bus  Taxi  Livery  Commercial

Trailer  Auto Home  Semi-Trailer  Motorcycle  Other

10. Vehicle Identification Number:

H 0 1 H A Z 1 1 3 K 8 4 2 9 1 7

11. Year

12. Make

13. Model Name

14. Model #

15. Body Style

16. Circle Color (s) of Vehicle

0-Orange 1-Black 2-Blue 3-Brown

4-Red 5-Yellow 6-Green 7-White 8-Grey 9-Purple

17. # of Cylinders/Passengers/Doors

2003

HD

VRSCA

MC

18. Transmission

Automatic

19. Total Gross Weight (Laden)

Manual

20. Motor Power

X  Gasoline  Diesel

Electric  Other

21. Bus:  Regular  DPU  Livery  Taxi  School Pupil

If carrying passengers for hire, max no of passengers that can be seated:

If school bus, is it used exclusively for city, town, or school district?  Yes  No

**Owner Information**

22. Owner 1 License #/State

585729368

MA

23. Owner 2 License #/State

MAINE STATE

25. Owner 1 Name (Last, First, Middle)

ORELLANA, JORGE D.

26. Owner 1 Date of Birth

7/05/1949

27. Owner 2 Name (Last, First, Middle)

28. Owner 2 Date of Birth

30. City/Town Where Vehicle is Principally Garaged:

Hyde Park

31. Mailing Address

City

State

Zip Code

93 WASHINGTON ST #2

HYDE PARK

MA

02136

32. Residential Address

City

State

Zip Code

33. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee

34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee

**Signatures**

I, THE APPLICANT(S) HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAXES OR LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). I, THE APPLICANT(S) HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

35. Signature of Owner From Block 25 or 29. Also Print Name If Different

36. Signature of 2nd Owner From Block 27. Also Print Name If Different

37. Authorized Dealer's Signature

38. Dealer Reg No.

1

39. Seller's Name (Please Print)

CYCLE CRAFT COMPANY INC.

40. Seller's Address

1760 REVERE BEACH PKWY (RT 16) EVERETT

MA 02149

**Insurance Certification**

THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREINBEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.

41A. Policy Effective Date:

Policy Change Date:

41B. Manual Class: 41C. Ins. Company & Code:

Insurance Co's Authorized Representative's Signature

42. Date of Purchase

8/02/2003

43. Odometer Reading

10

44.  New Vehicle  Used Vehicle

If new vehicle, certificate of origin must be submitted

45. Title Type:  Clear  Salvage  Reconstruct  Owner Retained  Theft  Prior Owner Retained

46. Primary Salvage Title Brands:

Repairable  Parts Only

47. Secondary Salvage Brand

**Lienholder Information**

I/we certify that all liens on this vehicle are listed below

50. First Lienholder Code

51. Name

48. Date of 1st Lien

8/02/2003

49. Date of 2nd Lien

EAGLEMARK SAVINGS BANK

52. Lien Address

CARSON CITY

NV

89706

53. Second Lienholder Code

54. Name

55. Lien Address

**Fee Information**

41A. Policy Effective Date:	41B. Manual Class:	41C. Ins. Company & Code:
42. Date of Purchase	43. Odometer Reading	44. <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle
45. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained	46. Primary Salvage Title Brands:	<input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only
47. Secondary Salvage Brand	I/we certify that all liens on this vehicle are listed below	
48. Date of 1st Lien	49. Date of 2nd Lien	50. First Lienholder Code
51. Name	52. Lien Address	53. Second Lienholder Code
54. Name	55. Lien Address	56. Lienholder Address
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